

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107540782

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/x					
3	/x					
4	/x					
5	/x					
6	/x					
7	/x					
8	/x					
9	/					
10	/x					
11	/x					
12	/x					
13	/x					
14	/x					
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36	/x					
37	/x					
38	/x					
39	/x					
40	/x					
41	/					
42	/x					
43	/x					
44	/x					
45	/x					
46	/					
47	/x					
48	/x					
49	3	3				
50	3	3				
TOTAL IND.	9		5		5	
TOTAL DEP.	8		8		8	
TOTAL CLAIMS	67					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		3				
53		3				
54	/					
55	/					
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100						
TOTAL IND.			5		5	
TOTAL DEP.			8		8	
TOTAL CLAIMS	67					